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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ____

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katrina G Armenteros

Name of Person

Revolt Fitness LLC

Firm/Company

1102 N 9th Avenue

Address

Pensacola, FL 32501

City/State and Zip Code

revoltfitness@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katrina Armenteros	305 at (305-0933	
Name of Person		Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MA	ALLING ADDRESS:	
Registration Section	Reg	Registration Section	
Division of Corporations	Div	rision of Corporations	
Clifton Building	P.C	. Box 6327	
2661 Executive Center Circle	Tal	lahassee, Florida 32314	
Tallahassee, Florida 32301			
Enclosed is a check for the following	; amount:		
2 \$25 Filing Fee	G \$5	5 Filing Fee & Certified Copy	



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	me of the limited liability company:	LLC			
2. (a)	Katrina Armenteros	Ка (b) Ка		trina Armenteros	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1988 Tanbark DR	-	1102 N 9	9th Ave	
	Milton, FL 32583	_	Pensaco	la, FL 32501	
	09/29/2017		L1700020	02186	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	LEGALINC CORPORATE SERVICES INC				
J. (u)	Registered Agent and Registered Office shown on the records of th	he Florid:	i Dept. of State	-	
	Registered Office Address (MUST BE FLORIDA STREET A 5237 SUMMERLIN COMMONS SUITE 400	DDRESS	ע ע	SET SET	
	FORT MYERS	33907		LAHDY I	
• (b)	KATRINA G ARMENTEROS			SSEE	
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	<u>dress</u> :	2018 NOV 13 PH 4: 18 SECRUTARY OF STATE	
	NEW Registered Office Address:			-	
	1102 N 9TH AVENUE				
	PENSACOLA	32501			
the cha agent v was/we the arti Signa	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or. in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the a minal member of a member ture of a member or authorized representative of a member	the regi bility co t the lin limited KA	stered office ompany, it is nited liability liability con TRINA G	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in ipany. ARMENTEROS Printed or typed name of signce	
I here provisi the obl to mere notified	by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete p ligations of my position as registered agent as providea ely reflect a change in the registered office address. I h d'in writing of this change	ve to ac perform l for in s pereby c	t in this cap ance of my Chapter 605 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filea the limited liability company has been	

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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